<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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</thead>
<tbody>
<tr>
<td>July 11</td>
<td>European Symposium Review</td>
</tr>
<tr>
<td>July 18</td>
<td>Vulcan: An HL7 FHIR Accelerator Transforming Clinical &amp; Translational Research</td>
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<tr>
<td>July 25</td>
<td>Around The Asia-Pacific Region</td>
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<tr>
<td>Aug. 1</td>
<td>Digital Quality Measurement &amp; the OHDSI Partnership with NCQA</td>
</tr>
</tbody>
</table>
Three Stages of The Journey

Where Have We Been?
Where Are We Now?
Where Are We Going?
Congratulations to the team of David Vizcaya, Csaba P Kovesdy, Andrés Reyes, Elena Pessina, Pau Pujol, Glen James, and Nikolaus G Oberprieler on the publication of Characteristics of patients with chronic kidney disease and Type 2 diabetes initiating finerenone in the USA: a multi-database, cross-sectional study in the Journal of Comparative Effectiveness Research.

Characteristics of patients with chronic kidney disease and Type 2 diabetes initiating finerenone in the USA: a multi-database, cross-sectional study

Aim: Finerenone is safe and efficacious for treating patients with chronic kidney disease (CKD) and Type 2 diabetes (T2D). Evidence on the use of finerenone in clinical practice is lacking. Objective: To describe demographic and clinical characteristics of early adopters of finerenone in the United States, according to sodium-glucose cotransporter 2 inhibitor (SGLT2i) use and urine albumin-creatinine ratio (UACR) levels. Methods: Multi-database, observational, cross-sectional study, using data from two US databases (Optum Claims and Optum EHR). Three cohorts were included: finerenone initiators with prior CKD-T2D, finerenone initiators with prior CKD-T2D and concomitant SGLT2i use, finerenone initiators with prior CKD-T2D stratified according to UACR. Results: In total, 1,015 patients were included. 353 from Optum Claims and 662 from Optum EHR. Mean age was 72.0 and 54.8 years in Optum claims and EHR, respectively. Median eGFR was 44 and 44 ml/min/1.73 m² and median UACR was 132 (28-698)/865 (14-1185) mg/g, in Optum Claims and EHR, respectively. 70.5% had baseline UACR >30 mg/g, 15.9% had UACR >300 mg/g, and 14.6% had UACR >30 mg/g. Conclusion: Current management of patients with CKD-T2D reflects use of finerenone independently from background therapies and clinical characteristics, suggesting implementation of therapeutic strategies based on different modes of action.
Congratulations to the team of Sajjad Fouladvand, Morteza Noshad, Mary Kane Goldstein, VJ Periyakoil, and Jonathan Chen on the publication of Characteristics of patients with chronic kidney disease and Type 2 diabetes initiating finerenone in the USA: a multi-database, cross-sectional study in the Volume 305 of Studies in Health Technology and Informatics.

**Harmonisation of German Health Care Data Using the OMOP Common Data Model – A Practice Report**

**Authors**
Nicole Hechtel, Johanna Apfel-Starke, Sophia Köhler, Maike Fradziak, Norman Schönfeld, Jens Steinheyer, Steffen Oetze-Jafra

**Pages**
287 - 290

**DOI**
10.3233/HTI230485

**Category**
Research Article

**Series**
Studies in Health Technology and Informatics

**Ebook**
Volume 305: Healthcare Transformation with Informatics and Artificial Intelligence

**Abstract**

Data harmonization is an important step in large-scale data analysis and for generating evidence on real world data in healthcare. With the OMOP common data model, a relevant instrument for data harmonization is available that is being promoted by different networks and communities. At the Hannover Medical School (MHH) in Germany, an Enterprise Clinical Research Data Warehouse (ECRDW) is established and harmonization of that data source is the focus of this work. We present MHH’s first implementation of the OMOP common data model on top of the ECRDW data source and demonstrate the challenges concerning the mapping of German healthcare terminologies to a standardized format.
OHDSI Shoutouts!


Use of Real-World Data to Support Adverse Drug Reactions Prevention During ePrescription

Authors: Vlasios Dimitriadis, Achilleas Chytas, Margarita Grammatikopoulou, George Nikolaidis, Jenny Pliatsika, Martha Zachariadou, Spiros Nikolopoulos, Pantelis Natsiavas

Pages: 226 - 229
DOI: 10.3233/SHT1230469
Category: Research Article
Series: Studies in Health Technology and Informatics
Ebook: Volume 305: Healthcare Transformation with Informatics and Artificial Intelligence

Abstract: Adverse Drug Reactions (ADRs) are a crucial public health issue due to the significant health and monetary burden that they can impose. Real-World Data (RWD), e.g., Electronic Health Records, claims data, etc., can support the identification of potentially unknown ADRs and thus, they could provide raw data to mine ADR prevention rules. The PrescIT project aims to create a Clinical Decision Support System (CROSS) for ADR prevention during ePrescription and uses OMOP-CDM as the main data model to mine ADR prevention rules, based on the software stack provided by the OHDSI initiative. This paper presents the deployment of OMOP-CDM infrastructure using the MIMIC-II as a testbed.
Congratulations to the team of SooJeong Ko, Se-Hyun Chang, Yeon Woong Chung, Young-Gyun Seo, Dong-Yoon Gang, Kwangsoo Kim, Dong-Jin Chang, and In Young Choi on the publication of Investigation of hepatic adverse events due to quetiapine by using the common data model in *Pharmacoepidemiology & Drug Safety*. 
OHDSI Shoutouts!

Congratulations to the team of Jill Hardin, Rupa Makadia, Shawn Black, Irene Lara-Corrales, Lucia Diaz, Joslyn Kirby, Cynthia DeKlotz on the publication of Characteristics and treatment pathways in pediatric and adult hidradenitis suppurativa: An examination using real world data in JAAS International.

Characteristics and treatment pathways in pediatric and adult hidradenitis suppurativa: An examination using real world data

Jill Hardin, Ph.D., Rupa Makadia, Ph.D., Shawn Black, Ph.D., Irene Lara-Corrales, M.D., Lucia Z. Diaz, M.D., Joslyn S. Kirby, M.D., and Cynthia M. C. DeKlotz, M.D.

Background: Hidradenitis suppurativa (HS) is a chronic, debilitating, inflammatory disease. Contemporaneous real-world data can be used to elucidate the clinical treatment of pediatric patients and how treatment strategies compare with adult hidradenitis suppurativa patients.

Objective: The objective of this study is to evaluate clinical and treatment characteristics of pediatric and adult HS patients.

Methods: 1BS adult and pediatric patients were identified in 3 United States administrative claims databases during the study period between 2016 to 2021. Patients were required to have 2 diagnostic codes for HS and have at least 365 days of prior observation time to the first HS diagnosis.

Results: Pediatric and adult HS treatments were similar. The proportions of subjects treated with topical and oral antibiotic or oral antibiotic alone or topical medication alone or surgery alone covered 96% of the treated pediatric subjects and 91% of treated adult subjects. The remaining proportion of subjects received other treatment combinations.

Limitations: The databases represent subjects with commercial or government insurance coverage and thus do not necessarily represent the broader HS population. The databases do not capture information about medications obtained without insurance.

Conclusions: Although subtle differences exist, this study confirms that topical and systemic therapeutic treatment of HS in adults and adolescents is very similar. (JAAD Int 2023;12:126-32)
OHDSI Shoutouts!

Congratulations to the team of Craig Mayer and Vojtech Huser on the publication of Learning important common data elements from shared study data: The All of Us program analysis in PLOS One.
OHDSI Shoutouts!

Any shoutouts from the community? Please share and help promote and celebrate OHDSI work!

Do you have anything you want to share? Please send to sachson@ohdsi.org so we can highlight during this call and on our social channels. Let’s work together to promote the collaborative work happening in OHDSI!
Three Stages of The Journey

Where Have We Been?
Where Are We Now?
Where Are We Going?
# Upcoming Workgroup Calls

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<thead>
<tr>
<th>Date</th>
<th>Time (ET)</th>
<th>Meeting</th>
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<tr>
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<td>12 pm</td>
<td>Common Data Model Vocabulary</td>
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<td>Tuesday</td>
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<td>Eyecare &amp; Vision Research</td>
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<td>Wednesday</td>
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<td>Natural Language Processing</td>
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<td>Thursday</td>
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<td>India Chapter</td>
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<td>Friday</td>
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<td>China Chapter</td>
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<td>Monday</td>
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<td>Healthcare Systems Interest Group</td>
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<td>Monday</td>
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<td>Data Bricks User Group</td>
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<td>August 17</td>
<td>European and APAC Symposium Recap</td>
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<td>September 21</td>
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<td>October 19</td>
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<td>November 16</td>
<td>Global Symposium Recap and Training Session #7</td>
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<tr>
<td>December 21</td>
<td>APAC 2023 Recap and Year Closing</td>
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Latest OHDSI Newsletter Is Available

The Journey Newsletter (July 2023)

The OHDSI community took an in-depth look at both its vocabularies and one of its most-used open-source tools, ATLAS, in June. We also received a record-setting number of submissions for the OHDSI Global Symposium (Oct. 23-27, East Brunswick, NJ, USA), while community members prepare for both the Europe and Asia-Pacific (APAC) Symposiums in July. #JoinTheJourney

Community Updates

Where Have We Been?

- It was exciting to see nearly 170 submissions for the 2023 Global Symposium Collaborator Showcase, which will be expanded to three days this October. This represents more than a 25% improvement in submissions from last year and demonstrates the wide breadth of research happening in our community. Thank you to everybody who shared their brief reports, and thank you to our scientific review volunteers who will be reviewing them.

- Open-source vocabularies are one of the core pillars of the OHDSI community, and our Vocabulary Team led a landscape assessment earlier this year to help determine the roadmap for future updates. Anna Ostropoleva, Alexander Davydov and Christian Reich led a June session to discuss the assessment findings, the immediate roadmap and how the community can contribute. You can learn more about the vocabularies later in this newsletter, including in the latest collaborator spotlight focus on Alexander Davydov. Community changes to the OHDSI Common Data Model (CDM) and multiple members of the OHDSI community joined as speakers and delegates from multiple stakeholders throughout the week. Thank you to everybody in the community who helped return this great educational opportunity in-person for the first time since the pandemic.

Where Are We Now?

- The European Symposium was held July 1-3 in Rotterdam, Neth., with the main conference taking place on the Steamship Rotterdam. If you didn’t make it to the event, Reneke Lee and Talita Duarte-Salles will lead a review of the event during the July 11 community call, and all videos will be posted to the OHDSI web site when available.

- The Asia-Pacific (APAC) Symposium is being held July 15-14 in Sydney, Australia, and the complete agenda was recently released. If you are interested in attending, registration will remain open through July 6.

Vocabulary Assessment, Future Roadmap & Community Contributions Highlighted

- The June 6 OHDSI Community Call featured a session focused on OHDSI Standardized Vocabularies: Landscape, Roadmap & Community Contributions. Following the release of the OHDSI Standardized Vocabularies Assessment, leaders from the vocabulary team presented findings and next steps, including ways to create a more transparent and reliable release cycle.

This session was led by:
- Anna Ostropoleva (Director, Head of the Innovation Lab, Odyssey Services, Inc.)
- Alexander Davydov (Technical Team Lead, Odyssey Services, Inc.)
- Christian Reich (Senior Researcher, Erasmus University Medical Center; Professor of, Northwestern University)

Both the full presentation the landscape assessment are available below.

June Publications


India Chapter Webinar Now Available

Speakers Introduction

- Dr. Vikram Patil
- Dr. Vikram Patil is the Deputy Dean (Research) at JSS AHER, Mysuru. He is a Radiologist by profession, heading and coordinating the Digital Health, Health Data and Artificial Intelligence related activities at JSS AHER.
- His team has been involved in product validations and clinical trials for Innovative Technologies along with providing clinical support for many startup incubator hubs and also many technology giants at JSS AHER.
- He is serving as an expert committee member on “Future Skills in Health Tech” of Govt. of India and is the Vice President of OHDSI (Observational Health Data Science Informatics), India chapter.

Speakers Introduction

- Prof. Nicole Pratt
- Professor Nicole Pratt is the Deputy Director of the Quality Use of Medicines and Pharmacy Research Centre, University of South Australia.
- She is a member of the Drug Utilisation Subcommittee (DUSC) of the Australian Department of Health Pharmaceutical Benefits Advisory Committee (PBAC). She has a particular interest in new statistical methodologies to study the effectiveness and safety of medicine use and in the development of tools for post-marketing surveillance of medicines.
- She is a co-chair of the Asian Pharmacoepidemiology Network (AsPEN) initiative (www.aspennen.asia) and a collaborator of Observational Health and Data Sciences and Informatics (www.ohdsi.org) which aims to bring out the value of health data through large-scale analytics.

Speakers Introduction

- Parthiban S
- VP - Innovation and Growth, Global Value Web and President of OHDSI India.
- Mr. Parthiban has over 30 years of professional experience, with more than a decade in the Pharma and Life Sciences industry.
- He possesses a multi-disciplinary skills in almost all functional areas such as R&D, Delivery Management, Operations, Consulting, Business Development as well as in Sales.
- His key contribution in leadership role and tackling Resource and Operational growth challenges are highly appreciated.
OHDSI APAC Symposium Agenda (July 13-14)

Day 1 (July 13) - Main Conference

8:00-8:30: Registration & tea/coffee
8:30-9:00: Welcome Session – A collaborative recipe for generating reliable real-world evidence (Nicole Pratt, President OHDSI Australia Chapter, University of South Australia)

Session 1: OHDSI – An artisanal approach to crafting real-world evidence
9:20-9:30: Keynote – Engineering an open science system that builds trust, confidence and addresses the needs of regulators, clinicians, and consumers (Patrick Ryan, Vice President, Observational Health Data Analytics, Jensen Research and Development)
9:50-10:20: Transforming health: What do regulators, clinicians, and consumers really want to know about healthcare and how can OHDSI help (Asleib Golzce, Vice President, Global Head of Data Science at Odysseyus Data Services, Inc. Professor of the Practice & Director of Clinical Research at the OHDSI Center, Northeastern University)
10:20-10:40: Break

Session 2: A step-by-step recipe for RWE: The OHDSI Save-our-Sisyphus Challenge
10:40-11:00: Research Study presentation: Fluoroquinolones antibiotic and the risk of aortic aneurysm and dissection – A study of 12 million patients (Jack Janetzki, University of South Australia)
11:00-12:00: Panel discussion – regulators, clinicians and consumers (response from stakeholders)
12:00-13:30: Lunch & poster presentation

Session 3: Too many cooks in the kitchen is never enough: Collaborative Data Harmonisation to improve patient care
13:30-14:00: OMOP/FHIR: challenges of each model and how the collaboration can resolve those challenges (Grahame Greaves, Principal at Health Intersections Pty. Ltd)
14:00-14:30: OMOP Oncology: Paving the Way for Patient-Centric Cancer Care (Kim Carter, Data Scientist Manager, Minderoo Foundation & Georgina Kennedy, Ingham Institute for Applied Medical Research)

Session 4: A Smorgasbord of Health Data Insights across the APAC Region
14:30-15:15: APAC lightning talks – 7 presentations from across the region (Chair: Sarah Seager, IQVIA)
15:15-15:30: OMOP Oncology: Paving the Way for Patient-Centric Cancer Care (Kim Carter, Data Scientist Manager, Minderoo Foundation & Georgina Kennedy, Ingham Institute for Applied Medical Research)
15:30-16:15: Panel discussion with APAC regional chapters – We have the ingredients – now let’s generate the evidence! (Introduction & Chair: Mui Van Zandt, IQVIA)
16:15-16:30: Closing remarks (Nicole Pratt & Patrick Ryan)
16:30-18:00: Networking reception

Day 2 (July 14) - Tutorials

Tutorials will be led by Patrick Ryan, Martin Schuamie, Marc Suchard, Mui Van Zandt, Nicole Pratt, Jing Li and others on the topic of “How to run a network study.”

9:00-10:20: Session 1: Dataset ETL & mapping session
- Overview of the OMOP CD and vocabularies (Lecture)
- The ETL process (Lecture)
- Live demo of a dataset translation

Parallel Breakout Session: Oncology Workgroup
Join the oncology workshop to discuss:
- Current state & progress in OMOP Oncology for cancer research
- Challenges & initiatives in undertaking oncology research
- Developing a roadmap to shape the future of OMOP Oncology

10:20-10:40: Break

10:40-12:30: Session 2: Using the OHDSI Tools to generate evidence (the Fluoroquinolone SOS Challenge study)
- How to define a clinical question as an OHDSI study (Lecture)
- Defining cohorts using ATLAS (Lecture)
- Cohort hands-on in ATLAS

12:30-13:30: Break

13:30-15:00: Session 3: Research study in depth (design and execution)
- Overview of OHDSI modules (characterisation, estimation, prediction) (Lecture)
- Live demo of execution of a module

15:00-15:20: Break

15:20-17:20: Session 4: Research study in depth (interpretation)
- Exploration of results in OHDSI analysis viewer
ParallelLogger 3.2.0

Changes

1. When calling any log function (e.g. `logInfo()`), before any loggers are registered, ParallelLogger no longer creates a default console logger, but just writes the output to console (except for `logTrace()` and `logDebug()`). Global handlers will not be registered until a logger is registered explicitly (using `registerLogger()`). As a consequence, any warnings about calling global handlers with callers on the stack (when in a try...catch) will not occur until explicitly registering a logger.

ParallelLogger 3.1.0 2022-12-08

Changes

1. Truncating log argument values when a thread throws an error in `clusterApply()` to avoid clutter.
2. Showing warning about being inside a `tryCatch` or `withCallingHandlers` block only once per R session.
3. The `matchInList()` function now looks for equivalence, not exact match (e.g. a numeric and integer can still be considered the same).

Bugfixes

1. Fixed issue when loading a JSON object where the first item in a list is a data frame.
OHDSI HADES releases: SqlRender 1.15.1

SqlRender 1.15.1

Bugfixes:
1. Fixed translation of `DATEADD()` for DuckDB when number to add is an expression instead of a verbatim number.
2. Fixed Synapse option in the SqlDeveloper Shiny app.

SqlRender 1.15.0 2023-05-08

Changes:
1. Adding translation of `FROM (VALUES ...) AS drvd(...)` for PostgreSQL, SQL Server, Oracle, RedShift, SQLite, DuckDb, BigQuery, and Spark.

Bugfixes:
1. Correct translation when referring to temp table field for DBMSs that don't support temp tables (e.g. `SELECT #tmp.name FROM #tmp;`).
2. Fixing `...` in table aliases generated by `dbplyr`.

SqlRender 1.14.0 2023-04-13

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1.9.2
1.9.1
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1.8.3
1.8.2
1.8.1
1.8.0
DatabaseConnector 6.2.3

Changes:
1. The `dbFetch()` function now respects `n = -1` and `n = Inf` arguments. Will throw warning if other value is used.

Bugfixes:
1. Fixing error about missing origin when fetching dates on older R versions.
2. Fixing RStudio connection panel information for DuckDB.

DatabaseConnector 6.2.2 2023-06-23

Changes:
2. Setting default `fetchingBufferSize` for RedShift to 100MB (instead of 1GB) to prevent Java out of heap errors, and overall better performance.
3. Using integers instead of strings to pass dates from Java to R for improved speed.
4. Using doubles instead of strings to pass datetimes from Java to R for improved speed.

Bugfixes:
MethodEvaluation 2.3.0

Changes:

1. Using `checkmate` to check function input.
2. Adding `packageCustomBenchmarkResults()` to support custom methods benchmarks.
3. Fixing seeds and setting `resetCoefficients = TRUE` to ensure reproducibility of positive control synthesis.

MethodEvaluation 2.2.0

Changes:

1. Updating from `oracleTempSchema` to `tempEmulationSchema` for newer versions of SqlRender.
2. Added unit tests.

MethodEvaluation 2.1.0

Changes:
OHDSI HADES releases: FeatureExtraction 3.3.0

FeatureExtraction 3.3.0

New Features:
- Adds the ability to create cohort-based covariates (#96)
- Add covariates based on care_site_id (#164)

Bug Fixes:
- Cast demographic index year and month-year to properly format the covariate name (#158)
- Fix vignette output to include code blocks (#163)
- Fix failing unit tests (#178)
- Switch unit tests to use temp cohorts tables (#166)
- Fix typo in UsingFeatureExtraction vignette (#186)
- Fix duplicate analysis (Ds in PrespecTemporalAnalysis (#144)
- Fix duplicate cdmVersion arguments in vignette (#176)

Other:
- Add examples to all function documentation (#201)
- Standardize Maven libraries (#197)

FeatureExtraction 3.2.0
Capr

Capr is part of HADES

Introduction

The goal of Capr, pronounced ‘kay-pr’ like the edible flower, is to provide a language for expressing OHDSI Cohort definitions in R code. OHDSI defines a cohort as “a set of persons who satisfy one or more inclusion criteria for a duration of time” and provides a standardized approach for defining them (Circe-be). Capr exposes the standardized approach to cohort building through a programmatic interface in R which is particularly helpful when creating a large number of similar cohorts. Capr version 2 introduces a new user interface designed for readability with the goal that Capr code being a human readable description of a cohort while also being executable on an OMOP Common Data Model.

Learn more about the OHDSI approach to cohort building in the cohorts chapter of the Book of OHDSI.

Installation

Users can install the current development version of Capr from GitHub with:
OHDSI HADES releases: Ulysses 0.0.2

Ulysses

Ulysses is part of HADES

Introduction

Ulysses is an R package that automates setup of an OHDSI study and provides functions to assist with its maintenance and organization.

System Requirements

Requires R (version 4.1 or higher)

Installation

1. See the instructions here for configuring your R environment, including RTools and Java.
2. In R, use the following commands to download and install Ulysses:
Global Symposium

2023 OHDSI Global Symposium
Friday, October 20 – Sunday, October 22
Hilton East Brunswick Hotel and Meeting Center

Friday, October 20

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<th>End Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>7:00</td>
<td>8:00</td>
<td>Registration/ Light Breakfast</td>
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<tr>
<td>8:00</td>
<td>9:00</td>
<td>Welcome to OHDSI 2023</td>
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<tr>
<td>9:00</td>
<td>10:00</td>
<td>State of the Community</td>
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<td>10:00</td>
<td>11:00</td>
<td>Community Networking/ Meet the Mentors</td>
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<td>Memory Session</td>
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<td>Buffet Lunch</td>
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<td>Panel: Network studies</td>
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<td>Collaborator Showcase - Posters and Software Demonstrations</td>
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<td>Collaborator Showcase - Lightning Talks</td>
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Saturday, October 21

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<tr>
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<td>Introduction to OHDSI Tutorial</td>
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<td>Oncology</td>
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<td>Perinatal &amp; Reproductive</td>
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<td>Collaborator Showcase (and lunch)</td>
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<td>How Often Large-scale Characterization Workshop</td>
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Sunday, October 22

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Job Openings – This Week In OHDSI page

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**Senior Associate Director, Real World Data & Analytics (Remote)**

**Location:** Cambridge, MA

**Overview:**

As an expert in the evaluation of real-world evidence, you will contribute to the continued development and delivery of our products and services. The global pandemic has accelerated the need for solutions that harness the power of real-world evidence. In response, we are seeking a Senior Associate Director with a strong background in health data analytics to help drive our strategy forward.

**Responsibilities:**

- Develop and implement strategies for real-world evidence projects
- Manage a team of analysts and data scientists
- Collaborate with cross-functional teams to drive project success
- Lead the development of real-world evidence methods and tools

**Qualifications:**

- PhD in Biostatistics, Epidemiology, or related field
- Minimum of 10 years of experience in real-world evidence
- Strong leadership and project management skills

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**Young Female PhD in Data Science Seeks University Position:**

**Location:** Boston, MA

**Overview:**

Seeking a young female PhD in data science with a strong background in machine learning and predictive analytics to join our team as a data scientist.

**Responsibilities:**

- Develop predictive models for health outcomes
- Collaborate with interdisciplinary teams
- Conduct data analysis and interpret results

**Qualifications:**

- PhD in Statistics, Computer Science, or related field
- Experience with Python and R
- Strong communication and presentation skills

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**Columbia University Department of Biomedical Informatics**

**Overview:**

We are seeking exceptional junior-level faculty members in the tenure track.

**Responsibilities:**

- Engage in research to support the development and application of new informatics theory and tools
- Establish an independent research program
- Participate in the teaching mission of the department

**Qualifications:**

- PhD in a relevant field
- Postdoctoral experience in research
- Strong publication record

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**Associate Director, Observational Health Data Analytics – Global Epidemiology**

**Location:** New York, NY

**Overview:**

Join our team as an Associate Director in the Observational Health Data Analytics (OHDA) at Columbia University. In this role, you will lead a team of data scientists and epidemiologists to develop and implement novel methods for understanding global health trends.

**Responsibilities:**

- Develop and implement novel methods for understanding global health trends
- Collaborate with multidisciplinary teams
- Conduct data analysis and interpret results

**Qualifications:**

- PhD in Epidemiology, Biostatistics, or related field
- Experience with large-scale data analysis
- Strong publication record

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**Software Dev Analyst II - Res - G&C - CTSI**

**Location:** Boston, MA

**Overview:**

We are seeking a Software Dev Analyst II to join our team. This position will focus on developing and maintaining software applications.

**Responsibilities:**

- Develop and maintain software applications
- Collaborate with cross-functional teams
- Conduct user acceptance testing

**Qualifications:**

- Bachelor’s degree in Computer Science or related field
- Experience with software development
- Strong communication and problem-solving skills

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**OHDSI**

www.ohdsi.org

#JoinTheJourney
Where Are We Going?

Any other announcements of upcoming work, events, deadlines, etc?
Three Stages of The Journey

Where Have We Been?
Where Are We Now?
Where Are We Going?
July 11: European Symposium Review

**Renske Los**  
Assistant Professor of Medical Informatics, Erasmus University Medical Center

**Talita Duarte-Salles**  
Senior Epidemiologist, IDIAPJGol  
Assistant Professor, Erasmus University Medical Center

**Maxim Moinat**  
Scientific Researcher, Erasmus University Medical Center

**Cesar Barboza**  
Software Developer, Erasmus University Medical Center